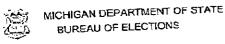


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE			100	
COVER PAGE	3. This Statement covers From:	-2020 8-29	1210	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement Covers		M.I.	
the treasurer (or designated record keeper) and canadate	4. Candidate Last Name	First Name	E	
1. Committee I.D. Number	レヘのの	6ARY		
	4a. Office Sought Including District:	# or Community Served (If applicat	ole)	
139610	4a. Office Sought Including District.	# 01 Comments		
	LANGUAL TOUT TISE	TRUSTEE	-	
2. Committee Name	LLASHINGTON TUST.			
- C = 1/000	4b. County of Residence MA	COMB 🖸		
OTE GARUE, KORP	4b. County of Residence	Address		
	6. Treasurer's Name & Residential	Address	ì	
5. Committee's Mailing Address	Dal Cook to Kopp			
5. Committee's Mailing Address 59276 CLUB DE	59276 GLACIER CLUB De.			
WASHINGTON TWP. Miggel	EULIA IDIGIEL CITA			
48094	WASHINGTON TWP. Mi. 48094			
40011	DUASATIONIO 1001: 8 771			
Area Code and Phone Stop address in this box is different from the committee		A. J.		
Area Code and Phone to different from the committee	0/	973-690h	22	
the Chatoment of (Itanization, Indianie)	Area Code & Phone 586-	4/3 6306		
mailing address on the Statement of Official. be sent to this address by the filing official.	1 December 8	Name and Address (If the comingue	e has	
n and Address	Designated Record Reeper) Designated Record Keeper)	COLF VOPP		
59276 GACIER CLUB DR.	Designated Resolution		FILE	
59216 101421AB LILLS 12.	1 59276 GLACIE	re Club De	差	
WASHINGTON TWP M: 48094	WASHINGTON TW	p M; 48097	WH IO	
DIADANIOGICA SECTION	LUASHINGICAU TOU	7///	- = 1	
	!			
	_	1 577 1000		
W 072 / 60/-	580	6-8/3-6706		
Area Code and Phone <u>586-873-6906</u>	Area Code and Phone 58	9e. Dissolution of Candidate	mmittee	
	l l		1	
9. TYPE OF STATEMENT Require	d ONLY if candidate	By checking this item I/We cell by the committee to the candidate	or his or her shouse is here	
9a. Pre-Election OR 9b. Post-Election is not or current	the ballot for the	by the committee to the candidate	a longer collectible from	
1	The committee has no dustancing assured			
Pre-Election or Post-Election Statement relates to:	Quarterly owes no lates fees or has any oustanding debt.			
	•			
Primary	ber Quarterly	Further, if the dissolution cannot b	e granted, that this be	
General		Further, if the dissolution cannot be considered a request for the Repo	iting ivalva-	
		1	i	
Convention			ution o	
Special	Amual Statement () Coverage Year	Effective date of dissolu	Mon	
\ _ _				
School 9d.	Amendment to Campaign Statement	Note: The disposition of residual	funds must be reported on	
	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being	Note: The disposition of residear Schedule 1B and the Summary F	Page.	
	amended.)	Schedule 15 and all	•	
	QITTO: 14 0 1			
Convention of Caucils				
Date of Election, Convention or Caucus				
AUG 4. 2020				
		İ		
		the standard of an artist of an	v) and to the best of	
10. Verification: IWe certify that all reasonable diligence wa	s used in the preparation of this stater	ment and attached schedules (ii air	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
 Verification: NWe certify that all reasonable dayers. my/our knowledge and belief the contents are true, accurate 	and complete.	<i>(</i>	· · · · · · · · · · · · · · · · · · ·	
	Jant	-	&-25-20	
Current Treasurer or GODY E. KOPP	Jane	Date		
Designated Record keeper Type or Print Name	Signature	/		
	1/2	//	S. 25.20	
r 1 1/200	/ mus (a)	Date _	8·25-20	
Condidate GARY E. KOPP	1/10/50			
Candidate Type or Print Name	/ Signature (
Authority granted under P.A. 388 of 1976	•			



2. Committee Name TTE GARY E. KOPP **SUMMARY PAGE** Column II CANDIDATE COMMITTEE Column I Cumulative this election cycle This Period RECEIPTS 3. Contributions (3a.) \$ ____ a. Itemized (Schedule 1A - Column 6) (3b.) § NOT APPLICABLE b. Uniternized (less than \$20.01 each - no Schedule) (18.) S _____ (3c.) 5_____ c. Subtotal of "Contributions" (19.)\$_____ (4.) \$ _____ 4. Other Receipts (Schedule 1A -1, Column 6) (20.) \$ _____ (5.) \$ _____ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES (21.) \$ _____ (6.) \$ _____ 6. In-Kind Contributions (Schedule 1-IK, Column 7) (22.) \$ _____ 7. In-Kind Expenditures (Schedule 18-IK, Column 6) EXPENDITURES (8a.) \$ 574, 02 8. Expenditures a. Itemized (Schedule 18, Column 6) (8b.) \$ ____ b. Itemized Get-Out-the-Vote (Schedule 1B-G) c. Unitemized (less than \$50,01 each - no Schedule) (23.) \$ ____ 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) (10a.) S _____ 10. Disbursements a. Itemized (Schedule 1C, Column 6) b. Unitemized (less than \$50,01 each - no Schedule) (10b.) \$ _____ 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (24.) \$ _____ (11.) \$ _____ (Add Line 10a + Line 10b) DEBTS AND OBLIGATIONS 12. Debts and Obligations (12a.)\$_____ a. Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) (12b.) \$ BALANCE STATEMENT (13.) \$_203Z 58 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)



ITEMIZED EXPENDITURES	1. Committee 1. D. Number 1396/0		
SCHEDULE 1B	ommittee I. D. Number Ommittee II. D. Number Ommitte		
CANDIDITION	ommittee Name 5. Date 6. Amount 4. Purpose (Required Information)		
Name and address of person or vendor to whom paid	0/2/20 =11 4		
penditure #1 A PAPHICS SAST ame GEAPHICS SAST ddress 16005 STUP GETW	Purpose: MOILER Date Click Here for Memo Itemization Type		
DOSEVILLE MI 48000	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser xpenditure #2 Name CARDL MARSHALL	7/21 \$ 27.60 Date		
1010 BOULDER PT	Purpose: MA/LER Click Here for Memo Itemization Type		
WASHINGTON. MI 48094	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser			
Expenditure #3 Name	Date		
Address	Purpose:Click Here for Memo Itemization Typ		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser			
Expenditure #4 Name	Date \$		
Address	Purpose:Click Here for Memo Itemization Ty		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser			
Expenditure #5 Name	Date S		
Address	Purpose:Click Here for Memo Itemization 1		
	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Fund Raiser	Subtotal this page 574. Grand Total of all Schedules 1B (Complete on last page of Schedule)		

Enter this total on line 8a of Summary Page

Page		of	
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